Addressing Health Co-morbidities Among Individuals in Recovery

Lisa A. Razzano, Ph.D., CPRP
Associate Professor of Psychiatry
Deputy Director

Center On Mental Health Services Research & Policy
Center on Psychiatric Disability & Co-Occurring Medical Conditions

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Today's Learning Goals

❖ **Identify physical health concerns for people in recovery;**

❖ **Develop a better understanding of the meaning and consequences of health disparities;**

❖ **Discuss strategies for health promotion and risk reduction; and**

❖ **Address need for regular screening and treatment within psychiatric rehabilitation programs.**

Data Sources Related to Health Disparities

- World Health Organization
- U.S. Census
- Centers for Disease Control & Prevention
- National Institutes of Health
- Institute of Medicine
- Surgeon General's Mental Health Report (1999) & Supplement on Race/Ethnicity (2003)
- Department of Health & Human Services
- Demonstrate effects of social factors – access & barriers to care, poverty, etc.

Health Disparity

➢ A health disparity is "a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage."

➢Disparities occur at the *population* level
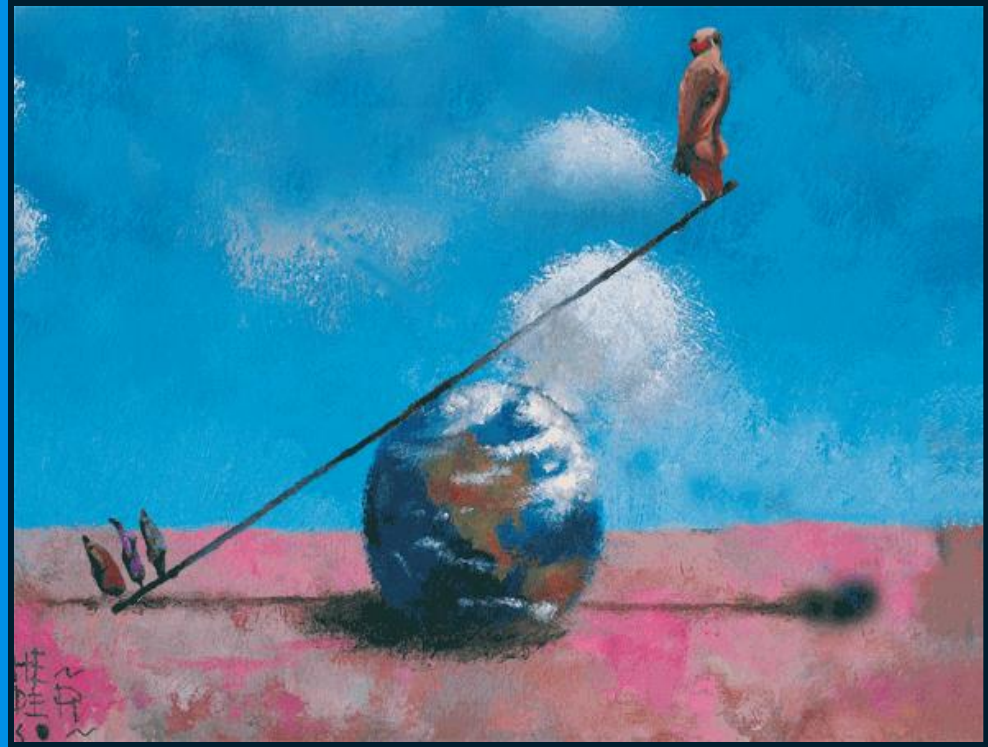
World Health Organization (WHO)

3 focal areas:

1. Improve daily living conditions

2. Tackle the inequitable distribution of power, money, and resources

3. Measure and understand the problem and assess the impact of action

Health People 2020: Defining disparities

- **…Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion."**

- **U.S. Department of Health and Human Services. The Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2020. Phase I report: Recommendations for the framework and format of Healthy People 2020. Section IV. Advisory Committee findings and recommendations. Available at: http://www.healthypeople.gov/hp2020/advisory/PhaseI/sec4.htm#_Toc211942917. Accessed 1/6/10.**

Social Determinants of Health

- Availability of resources to meet daily needs, such as educational and job opportunities, living wages, or healthful foods

- Social norms and attitudes, such as discrimination

- Exposure to crime, violence, and social disorder, such as the presence of trash

- Social support, social interactions

- Exposure to mass media, emerging technologies, such as the Internet or cell phones

- Socioeconomic conditions, such as concentrated poverty

- Quality schools

- Transportation options

- Public safety

- Residential segregation – food deserts

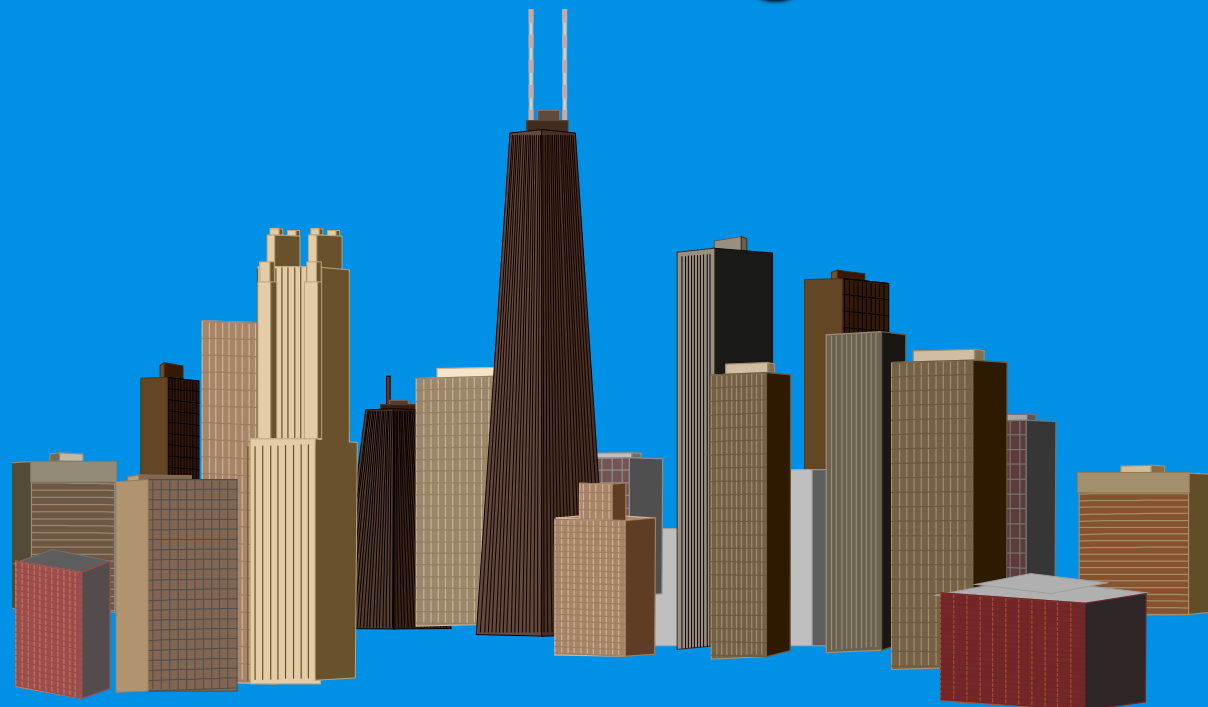# For Americans:

Additional influences on health include the availability of and access to:

- A high-quality education
- Nutritious food
- Decent and safe housing
- Affordable, reliable public transportation
- Culturally sensitive health care providers
- Health insurance
- Clean water and non-polluted air

Community Profiles of Chicago & Select Area Neighborhoods

Health Indicators from Chicago Department of Public Health

Impact of Social Health Determinants – 3 Chicago Areas		Lincoln Park	Englewood	City-Wide Chicago
Economics		$$$$$	$	$$$
Catchment Area		2.5 sq. miles	3.75 sq. miles	259 sq miles
Population		64,320 (2.2%)	40,222 (1.4%)	2.8 Million
Race	Asian	4%	< 1%	4%
	Black	5%	98%	36%
	Hispanic	5%	< 1%	26%
	White	85%	< 1%	31%
	Multi-Racial	1%	< 1%	2%
	Other	1%	< 1%	1%
SES				
Below Poverty		9%	44%	19%
Twice Below Poverty		15%	66%	40%
Diabetes		3%	3%	3%

Impact of Social Health Determinants	Lincoln Park	Englewood	City-Wide
Health Care Providers			
Hospitals	2	1	39
Hospital Affiliate Clinics	4	0	Not available
Free/CHCs	0	0	Not available
Public Clinics	0	2	Not available
School-Based Clinics	0 = 6	1 = 4	Not available
Maternal/Child Health			
Teen Births	2%	25%	13.5%
No Prenatal Care	< 1%	5%	2%
Low Birth Weight	8%	18%	10%
Risk Indicators			
No Health Plan	Low	High	
No Breast Exams	Low	Average	
No Cholesterol Screen	Low	High	
No Exercise last Month	Low	High	Not available
Smoking	Low	High	
Hypertensive	High	Average	
Obesity	Low	High	
Binge Drinking	High	Average	
Non-Daily Fruit Cons.	Average	High	
Leading Cause of Death - #1	Heart Dis. (25%)	Heart Dis. (29%)	Heart Dis. (30%)
#2	Cancers (22%)	Cancers (24%)	Cancers (22%)
#3	Stroke (4%)	Strokes (5%)	Strokes (6%)
Deaths from Homicide	< 1%	4%	3%
HIV/AIDS Deaths	2%	1%	1%
Hospitalizations - #1	Delivery (15%)	Mental Dis. (11%)	Delivery (12%)
#2	Mental Dis. (10%)	Heart Dis. (10%)	Mental Dis. (9%)
#3	Heart Dis. (9%)	Delivery (9%)	Heart Dis. (10%)

Physical Health Among Individuals in Recovery

What Do We Know?

High Rates of Morbidity & Mortality

Mortality – On average, people with SMI die 25 years earlier than the general population and this excess is increasing

- 60% of deaths are due to preventable and treatable medical conditions like cardiovascular disease, diabetes, and high blood pressure

- **Morbidity** – **People in recovery have significantly poorer physical health & more co-occurring health conditions than the general population**
  - **In one study, among 200 people schizophrenia and affective disorders, odds of diabetes, lung diseases, and liver problems were significantly elevated compared to matched subsets from the general population**

Sokal et al.

Co-Occurring Conditions

People in recovery have higher rates of…

- Diabetes
- Cardiovascular Diseases
  - ➢ Hypertension, High Cholesterol
- Renal/Kidney Diseases
- Liver Diseases (non-viral/non-hepatitis)

- Infectious Diseases
  - ➢ HIV, Hepatitis B & C, Tuberculosis
- Respiratory Conditions
  - ➢ COPD, Asthma, Smoking-related conditions
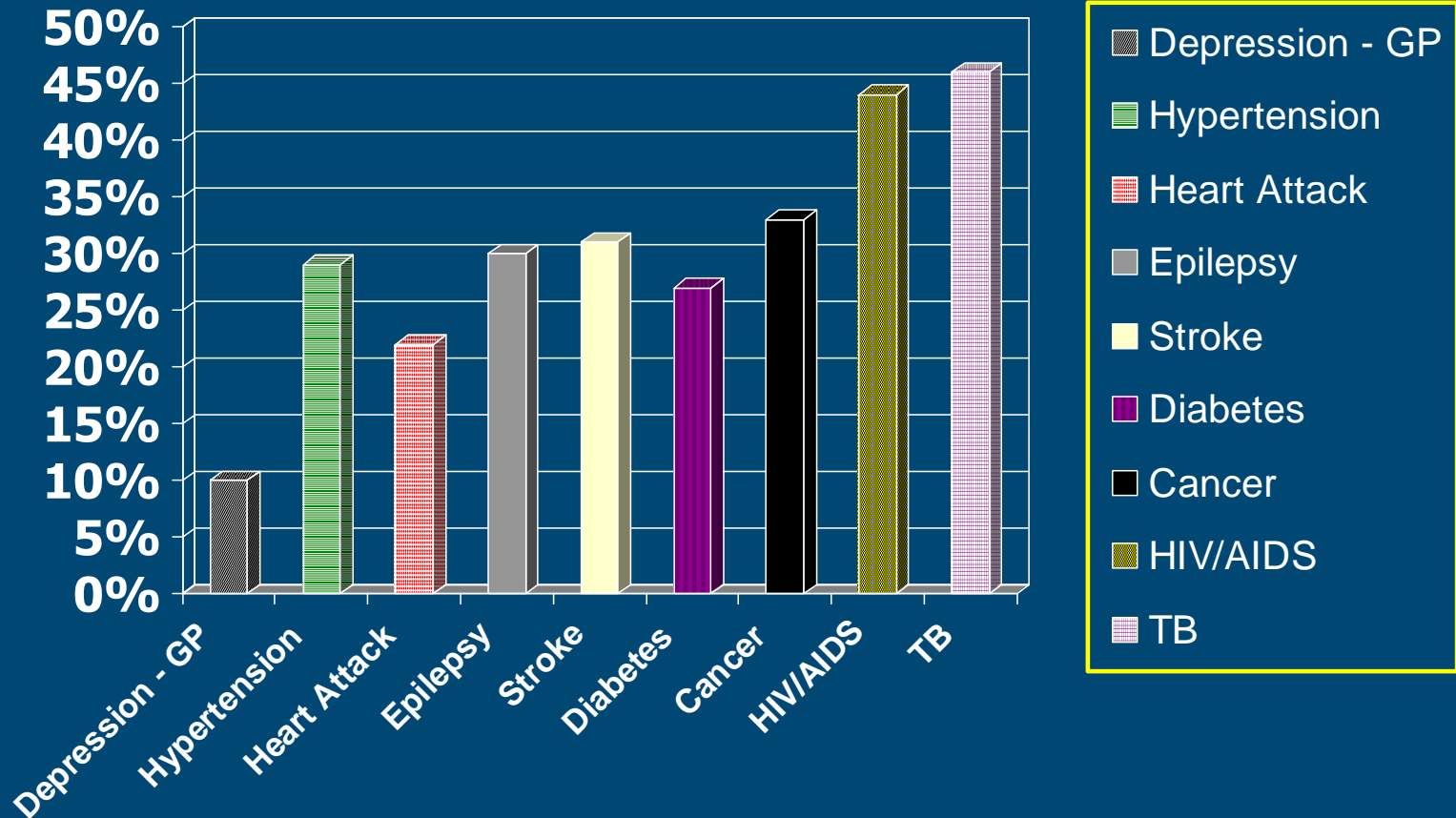
What's Going On?

Internal & Personal Factors

➢ Unhealthy lifestyles

➢ Low motivation for medical treatment

➢ Fearfulness

➢ Limited health literacy

➢ Unemployment

➢ Past incarceration

➢ Mental health issues that impact incidence & management of illness

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"I'm all for a healthy diet, too, but once in a while couldn't we have something a cow wouldn't eat?"

Impact of Depression:
A Common Co-Morbidity
(WHO 2003)

Legend:
- Depression - GP
- Hypertension
- Heart Attack
- Epilepsy
- Stroke
- Diabetes
- Cancer
- HIV/AIDS
- TB

Depression Further Impacts…

- Motivation
- Illness self-management skills
- Ability to access services and social supports
- Isolation
- Future orientation

Combined Impact of Depression & Social Determinants on Medical Treatment

National Multisite Study: HIV+ women

Even when **MEDICALLY INDICATED** by CD4 and vRNA indicators, *those still **NOT** prescribed HAART were*:

- African American
- Less then High School Education
- Lower SES (poverty or 200% below poverty)
- **Past/Current Treatment for Depression**

Cook et al. (2004)

Additional Risks from Substance Use

Co-occurring substance abuse increases risk of:

- ✓ heart disease
- ✓ asthma
- ✓ gastrointestinal disorder
- ✓ acute respiratory issues
- ✓ infectious diseases
- ✓ skin infections
- ✓ incarceration

The Obesity Epidemic

- 35.7% of US adults are obese

- Obesity-related conditions include heart disease, stroke, type 2 diabetes, certain cancers, shortened life span, & psychological distress from discrimination

- Rates of obesity among people with mental illnesses far exceed that of the general population (NASMHPD, 2006)

Addressing Obesity

- Treatment for obesity is most successful when based on a long-term plan with a health provider

- Eating fewer calories, while increasing activity, is the most effective way to lose weight (more effective than limiting carbs or fatty foods alone)

- Better to eat healthy foods each day than to go on a particular type of diet

Group Activity

What Kind of Eater Are You?

Keep in mind that…

- Individuals experience multiple obstacles that affect their ability to achieve good health

- Must consider the combined impact that social determinants have on health outcomes of specific populations

Why treat people…

…without changing what makes them sick?

But…isn't there more to this story?

Clinical Factors Leading to Health Vulnerabilities

- Relationship between use of psychotropic medications & poor medical outcomes

- Limited or poor medication adherence
  - ✓ Ambivalence
  - ✓ Low health literacy
  - ✓ Side-effects
  - ✓ Depression

Provider Factors Triggering Vulnerabilities

➢ Medical provider discomfort & inexperience with people in recovery

➢ Lack of training about mental illness & recovery

➢ Stigma

Systematic Factors Triggering Vulnerabilities

- Bifurcation of medical & mental health systems
- Cumbersome funding policies
- Overemphasis on acute care versus prevention
  - Many medical conditions are preventable or treatable
  - But, current services lack adequate screening for early detection & intervention

Conclusions

❖ **Many medical conditions differentially affect**
    people in recovery

  ❖ **Health risks among people in recovery are similar to those in the general population**

  ❖ **Others risks reflect combined effects of personal characteristics, lifestyle, illness severity, treatment system barriers, & health disparities**
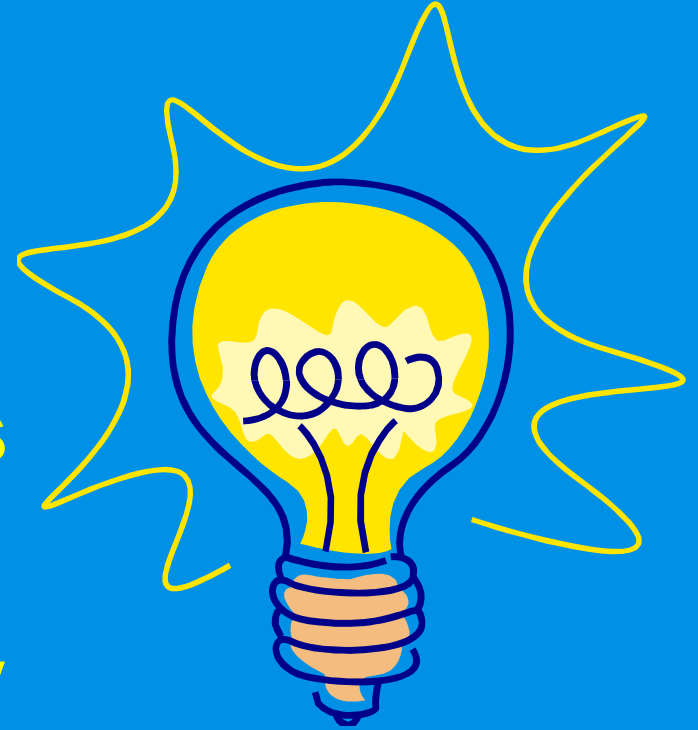
Health Promotion Programs & Risk Reduction Activities in Psychiatric Rehabilitation Settings

Health Assessment

❖ What are the person's health strengths?

✓ Past success with a wellness goal (big or small)?

❖ What will be the personal benefit from meeting a health goal?

❖ What are the person's health risks?

✓ How do past and/or current behaviors impact on progression or severity of current illnesses (harm reduction)?

✓ How do past or current health behaviors increase vulnerability to or risks for new illnesses (prevention)?

❖ What is the person's current health status?

What is Health Screening?

- ✓ Evaluation of health status & potential
- ✓ Looking for current disease or greater-than-normal risk
- ✓ Can include
  - personal & family health history, physical exam, lab tests, radiological exam
  - can be followed by counseling, education, referral, or further testing

health screening
find out how healthy you really are

Common Health Screening Tests

- History of known illnesses (NHANES)
- Body Mass Index
  - Height, weight, waist, circumference
- Diabetes
- Blood Pressure
- Cholesterol & Triglycerides
- Heart Health
- Smoking & Use of Nicotine
- Use of Alcohol
- Use of Recreational Drugs, Misuse of Prescription Medications

Further Screening Info

Follow-up on how recently other medical tests were completed & refer as needed –

- Bone density
- Eye exams
- Hearing
- Dental
- OB/GYN; Mammography
- Prostate health
- HIV/AIDS, Hepatitis C, & other infectious diseases

When is Health Screening/Testing Appropriate?

Same as general population!

❖ Asks for a health screening or test
- e.g., cholesterol, diabetes, HIV, etc.
- Is it always necessary/appropriate to get a test?

❖ Has personal risk factors for an illness

❖ Has relevant family history of illness

❖ Has engaged in health risk behaviors

❖ Exhibits physical signs or symptoms of an illness

❖ Others?

Value of Health Screening

- **Provides important epidemiologic data**
- **Can positively affect health beliefs & perceptions, including feelings of control over one's health (self-efficacy)**
- **Serves as a "cue to action" by engaging people in health promotion efforts**
- **Can lead to better linkage to collateral treatment and services**

WELLNESS

Take a Look!

Free download:
http://www.cmhsrp.uic.edu/health/index.asp

Preliminary Findings

- 3 events
- Participants from sites in NJ, IL, & MD
- Demographics (N=349)
  - 56% male
  - 72% high school education or greater
  - 35% working
- 47% White; 39% Black; 4% Multi-Racial; 2% Asian; 1% American Indian/Alaskan Native; 7% Other
- 9% Hispanic

Framingham Coronary Heart Disease Risk Score

- Estimates 10 year risk of coronary heart disease using multiple indicators
  - Sex (male/female)
  - Age (>35<74 yrs)
  - Total Cholesterol(mmol/L)
  - HDL (mmol/L)
  - Blood Pressure (mm Hg)
  - Is individual diabetic?   Yes/No
  - Does individual smoke?   Yes/No
- = 10 Year CHD Risk: % Risk vs. Comparative Risk to Same Age/Sex

Health Risks Detected

UIC Health Fair Participants	U.S. Population
82% obese/overweight	68%
5% high cholesterol	16%
14% A1C diabetes	8%
32% high blood pressure	29%
62% dependent on nicotine	57%
17% at risk - alcohol dependence	8%
4% at risk - drug dependence	2%
11% high risk - heart attack	3%

Study Findings - 1

- Overall, a higher proportion of participants screened positive for health risks compared to rates for those in the U.S. adult general population.

- In some cases, rates of health risk were commensurate with general population estimates due to the higher number of individuals in recovery diagnosed with chronic health conditions, but who also are managing them both with pharmacological interventions and services supports.

Health Scale Findings

Results of Multivariable Random Regression Analyses: Measures of Health Attitudes		
Measure(s)	RRM estimate	significance
Self-Rated Abilities for Health Practices	0.69	.01
Perceived Competence for Health Maintenance	0.91	.001
Multidimensional Health Locus of Control Factors		
Internal Control	0.61	.05
Powerful Others	1.74	.001
Chance	--	ns

Study Findings - 2

- Results also support that simple health fair screenings and activities can affect change in specific health attitudes and self-rated health abilities as measured with standard indicators.

Promoting Wellness:

Treatment, Health Promotion, & Prevention Activities

Improve Health Knowledge & Beliefs

- Ground activities in theory → Health Beliefs Model (HBM)
- Build upon community programs → reduces stigma, normative in focus, adaptation of existing prevention & education resources
- Incorporate elements that identify unique risks for people in recovery
- Incorporate PSR approaches building on strengths

Health Beliefs Model (HBM)

Five Major Areas:

1. perceived *susceptibility*
2. perceived *severity*
3. perceived *benefits of taking action*
4. perceived *barriers to taking action*
5. identification of *cues to action*

- Impact of *self-efficacy* → confidence in the ability to successfully perform an action
- included by Rosenstock, others (1988) to better fit the challenges habitual unhealthy behaviors, such as being sedentary, smoking, or overeating

General HBM Application

Concept	Definition	Application
Perceived Susceptibility	One's opinion of chances of getting a condition	Define population(s) @ risk, risk levels; personalize risk based on a features/behaviors; heighten perceived susceptibility if too low
Perceived Severity	One's opinion of how serious is a condition, its consequences	Specify consequences of the risk and the condition itself
Perceived Benefits	One's belief in the efficacy of the advised action to reduce risk or seriousness of impact	Define action to take; how, where, when; clarify the positive effects to be expected.
Perceived Barriers	One's opinion of the tangible and psychological costs of the advised action	Identify and reduce barriers through reassurance, incentives, assistance.
Cues to Action	Strategies to activate "readiness"	Provide how-to information, promote awareness, reminders.
Self-Efficacy	Confidence in one's ability to take action	Provide training, guidance in performing action.

Create & Sustain a "Health Community"

Provide health information activities

- Expose people to assets with which they may have limited experience
  - Wii Fit, on-line fitness communities, shared decision making wellness workstations, simple meal plans
- Invite local nurses, doctors, blood banks, pharmacists, etc. to present at luncheons
- Collaborate with wellness & health providers for on-site demonstrations
  - Massage, Reiki, Yoga, Pilates, etc.
- Celebrate & build on Health Months (handout)

Goal: Develop Health Skills & Identify Resources

Learning new health skills & behaviors	→	Health behavior changes	→	Reduce health risks

Personalize prevention & harm reduction activities

- ❏ Healthy food alternatives (e.g. diabetes)
- ❏ Tips to make behaviors safer (e.g., reducing # cigarettes over time)
    - ❏ Demonstrate "Health Economics"
- ❏ Demonstrations, practice, "hands-on" experiences
- ❏ Discussions for planning ahead (carrying medications, condoms, meal plans)
- ❏ Identifying & understanding trigger situations
- ❏ Problem-solving re: specific risks & illness needs

"Health Economics" - Smoking

1. Distribute "play money" to smokers;
2. Each time they buy a pack, have them put the same amount of money into a jar.
3. Repeat this for each pack over a specified time (week or a month).
4. Count money spending on smoking.

Average local cost of pack of cigarettes ($9.75 in Chicago) @ 3 packs a week (1/2 a pack/10 cigarettes daily): 12 packs a month

= $9.75 x 12 = $117/month

= $117 monthly x 12 months = $1404/yr

Personalized Risk Awareness

- Encourage health promotion interest & behaviors
- Target health education to personal needs
- Provide screening & testing based on individual risks & needs
- Include peer health education & peer support

    Peers have shared experiences "walked the walk"

- Co-locate/integrate physical health initiatives at mental health centers whenever possible
- Include family members in health education, especially around healthy eating & exercise at home

Barriers to Personal Health Risk Awareness

➢ Like most Americans – denial!

➢ Misinformation about health risks
  ➢ Technical material about risks can be complex

➢ Stereotypes & stigma regarding certain illnesses (HIV/AIDS, STDs)

➢ Mental health symptoms
  ➢ Some symptoms & side effects impair concentration & information retention
  ➢ Delusions of invulnerability
  ➢ Difficulty understanding relevance of long-term consequences of health risks

Tips for Collecting Sensitive Health Information

Help individuals feel comfortable & in control of health discussions

- Ensure privacy & confidentiality
- Explain purpose of all tests/questions
- Begin with less threatening/sensitive questions
- Respect personal boundaries
- In general, don't require self-disclosure of health information

Facilitate Health Education

Help people learn about health risks & how to reduce the potential for harm

- Assess existing knowledge & strengths
- Go slowly, work at the individual's pace
- Don't educate during a crisis or when the person is distressed
- Simplify information & present it in small pieces
- Repeat the information
- Keep a persistent focus on physical health

Create Model Programs
12-Months of Health Promotion

- Coordinating activities in concert with existing health initiatives for specific illnesses

- Selected illnesses with greatest relevance to people in recovery

- Tailoring existing information to extend to unique risks for consumers

- Multiple activities to ensure diversity, gender-related concerns are addressed

Example National Health Promotion Events

Jan: National Glaucoma Awareness

Feb: American Heart Month
- National Wear Red Day

Mar: National Nutrition Month & National Sleep Awareness Month

Apr: World Health Day; National Alcohol Awareness Month
- National Alcohol Screening Day

May: National High Blood Pressure Education Month; Women's Health Week

Jun: National HIV Testing Day; Men's Health Week

Jul: UV/Sun Safety; World Hepatitis Day

Aug: National Immunization Awareness

Sep: National Ovarian Cancer/Prostate Cancer Awareness; National Cholesterol Education Month

Oct: Health Literacy Month; World Food Day

Nov: **American Diabetes Month; Great American Smoke Out**

Dec: National Hand Washing Awareness Month; World AIDS Day (12/1)

http://healthfinder.gov/nho/nho.asp

Using HBM: American Diabetes Month

Concept	Application	Tailoring Activities
Perceived Susceptibility	Define population(s) @ risk, risk levels; personalize risk based on a features & behaviors; heighten perceived susceptibility if too low	**Increase overall knowledge of risks; risks relevant to psychotropic treatment regimens; metabolic issues**
Perceived Severity	Specify consequences of the risk and the condition itself	**Initial symptoms & limitations; long course of illness & complications of poor treatment**
Perceived Benefits	Define action to take; how, where, when; clarify the positive effects to be expected	**Nutrition & dietary monitoring; potential need for use of medication**
Perceived Barriers	Identify and reduce barriers through reassurance, incentives, assistance	**Address medication interactions; identifying early symptoms**
Cues to Action	Provide how-to information, promote awareness, reminders	**monitoring blood sugar; conversations with treating docs**
Self-Efficacy	Provide training, guidance in performing action	**Development of meal plans; foods to avoid; sugar testing routines**

Provide Free Health Information: www.healthfinder.gov/nho/nho.asp

November 1 – 30
American Diabetes Month
American Diabetes Association
1701 North Beauregard St.
Alexandria, VA 22311
(800) DIABETES
(800-342-2383)
(703) 549-1500
(703) 549-6995 FAX
askada@diabetes.org
www.diabetes.org
Free Materials available
Contact: Local Chapters

November 15, 2012
Great American Smoke Out
American Cancer Society
250 Williams Street NW
Atlanta, GA 30303
(800) ACS-2345
(800-227-2345)
acsf2f.com/gaso/
Free Materials available
Contact: National Office

Regular Health Screening

Include a comprehensive medical/health history at intake & ongoing in services

- Include assessment & identification of health protective behaviors and risks

- Prepare people for ongoing nature of these discussions; normalize focus on health & health behaviors

- Identify & address barriers to personal health risk awareness

  - Acute mental health symptoms can affect ability to provide accurate information

Reaching Us at the Center….

http://www.cmhsrp.uic.edu/health/index.asp